

MORRISON | FOERSTER

425 MARKET STREET
SAN FRANCISCO
CALIFORNIA 94105-2482
TELEPHONE: 415.268.7000
FACSIMILE: 415.268.7522
WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
DENVER, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CENTURY CITY
TOKYO, LONDON, BEIJING
SHANGHAI, HONG KONG
SINGAPORE, BRUSSELS

RECEIVED
CENTRAL FAX CENTER

To:

NOV 22 2005

NAME:	FACSIMILE:
MS Amendment U.S. Patent and Trademark Office	(571) 273-8300

FROM: Michael R. Ward,
Reg. No. 38,651**DATE:** November 22, 2005

Number of pages with cover page:	10	
-------------------------------------	----	--

Preparer of this slip has confirmed that facsimile number given is 10586/lxt4
correct:**CAUTION - CONFIDENTIAL**

This facsimile contains confidential information which may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

ATTORNEY DOCKET NO.: 506612000100
SERIAL NO.: 10/006,290
FILING DATE: October 22, 2001
INVENTOR(S): Jay WOHLGEMUTH et al
TITLE: LEUKOCYTE EXPRESSION PROFILING
EXAMINER: B. Sisson
GROUP ART UNIT: 1634

Papers attached herewith:

1. Transmittal - 1 pg.
2. Fee Transmittal - in duplicate, 2 pgs.
3. Petition for Extension of Time - 1 pg.
4. Response to Restriction Requirement - 5 pgs.

sf-2039502

NOV 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/006,290
		Filing Date	October 22, 2001
		First Named Inventor	Jay WOHLGEMUTH
		Art Unit	1634
		Examiner Name	B. Sisson
Total Number of Pages in This Submission	9	Attorney Docket Number	506612000100

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pgs.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Coversheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20672)		
Signature	<i>Michael R. Ward</i>		
Printed name	Michael R. Ward		
Date	November 22, 2005	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office, MS Amendment, at fax no. 571-273-8300, on the date shown below.	
Dated: November 22, 2005	Signature: <i>Laura Tsang</i> (Laura Tsang)

sf-2035264

NOV 22 2005

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006, OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/02/2004 FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/006,290	Filing Date: October 22, 2001
TOTAL AMOUNT OF PAYMENT (\$) 60.00		First Named Inventor: Jay WOHLGEMUTH	Examiner Name: B. Sisson
		Art Unit: 1834	Attorney Docket No.: 508812000100

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims 18		Extra Claims - 54 = 0	Fee (\$) 25.00	Fee Paid (\$) 0.00	Multiple Dependent Claims		
					Fee (\$) 180.00	Fee Paid (\$) 0.00	
Indep. Claims 1		Extra Claims - 9 = 0.00	Fee (\$) 100.00	Fee Paid (\$) 0.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets - 100 = _____		Extra Sheets / 50 _____	Number of each additional 50 or fraction thereof (round up to a whole number) x _____	Fee (\$) _____	Fee Paid (\$) _____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fee Paid (\$) _____	
Other (e.g., late filing surcharge): 1251 Extension for response within first month						60.00	

SUBMITTED BY			
Signature: <i>Michael R. Ward</i>	Registration No. (Attorney/Agent): 38,651	Telephone: (415) 268-6237	
Name (Print/Type): Michael R. Ward	Date: November 22, 2005		

sf-2035263

